CBD Form

Assessor's Name and signatu	Date	Date :/ Registration No:					
Student's Name and signatu	Regi						
Patient problem/diagnosis:							
Case Complexity:	Low	Moderate	High				
Please rate the following are comments box. U/C if you ha					of 1 must be	e justified	
			Below Expectations	Around expectations	Above Expectations	U/C	
Clinical Assessment: Understood Made a clinical assessment be examination		2	3	U/C			
Investigation and referral : Disconnecessary referrals Understands why diagnostic stuthe risks and benefits in relation	1	2	3	U/C			
Treatment : Discusses the ration benefits	1	2	3	U/C			
Follow-up and future planning: the management plan including	1	2	3	U/C			
Professionalism : Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust Discusses how the patient's needs for comfort, respect and confidentiality were addressed Discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks			ty 1	2	3	U/C	
Overall Clinical Care: A global ju	1	2	3	U/C			
Students Comments on Stude	ents Perfor	mance on this occasion					
Assessors Comments on students performance on this occasion				Tick if excellen			
Agreed Actions							

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